

## BOARD OF VOCATIONAL NURSING & PSYCHIATRIC TECHNICIANS 2535 Capitol Oaks Drive, Suite 205, Sacramento, CA 95833-2945 Phone (916) 263-7800 Fax (916) 263-7866 | Web www.bvnpt.ca.gov



## FACULTY APPROVAL APPLICATION

**SUBMIT FORM IN** <u>DUPLICATE</u> **PRIOR TO DATE OF APPOINTMENT**. This information is required under Business and Professions Code, Division 2. <u>All information requested is mandatory.</u> Failure to provide this information will result in the application being rejected as incomplete. Submit a <u>separate</u> form for faculty members teaching in both the Vocational Nurse (VN) and Psychiatric Technician (PT) Programs (if applicable).

FOR BOARD USE ONLY				
Date Approved:				
Approved By:				
Section:				

PKII	VI OK TYPE (	DO NOT USE PE	NCIL)							
1.	1. NAME OF SCHOOL			2. TYPE OF PROGRAM:						
				☐ VN Program ☐ PT Program						
3.	NAME OF FA	NAME OF FACULTY APPLICANT:			4. POSITION TITLE:					
					Director		Instructor		Teacher Asst.	
					Asst. Dire	ctor	☐ Additional	Faculty		
5.	. EMPLOYMENT STATUS:			6. TEACHING ASSIGNMENT:						
	☐ Full-Time			Teaching "Theory" Content Only						
	☐ Part-Time			☐ Teaching "Clinical" Content Only ☐ Teaching "Both" Theory/Clinical Content ☐ Substitute for ☐ Theory ☐ Clinical						
7.	CALIFORNIA	LICENSE NUMBER	R INFORMATION:							
	☐ RN License#:		LVN License#:	PT License#:						
	Expiration Dat	e:	Expiration Date:		Exp	oiration Dat	e:			
<ul> <li>8. TEACHING COURSE:</li></ul>										
			CE: (Add additional sheet	if n	ecessary).					
FRC	<u>OM</u>	ТО	EMPLOYER			POSITIO	ON	DUT	IES	
and Fac	I hereby certify under penalty of perjury under the laws of the State of California that the information contained in this application is true and correct.  Faculty Applicant's Signature:  Date:  Date:									
110	Frogram Director's Signature:									

55M-10 (11/03) --OVER--

INSTRUCT	TORS ONLY		thin the past five	e years in an acc	TORS AND NURSING credited/approved school of ursing program).
FROM	то	NAME OF AGENCY & LO	OCATION	POSITION	DUTIES
	<del>                                     </del>	<del> </del>		<u> </u>	
	<del>                                     </del>	<del>                                     </del>		1	
		<del></del>		<del> </del>	
12. FOR DIRI	ECTORS OR	ASSISTANT DIRE	CTORS ONLY	<i>Y</i> :	
Verification of co	mpletion of the	following courses:			
☐ ADM	IINISTRATION	N   TEAC	CHING	☐ CURRI	ICULUM DEVELOPMENT
content cannot be (CCR), Section 25	clearly identifie 529 (c)(1) - Dire	ed, please submit a copy	of a catalog cours ion 2529 (c)(2) -	se description. {Ca Assistant Director of	lited institution. If the course alifornia Code of Regulations qualifications (VN Program); (PT Program)}
13. FOR TEA	CHING ASS	ISTANTS ONLY:			
Identify the propo	)sed teaching re	esponsibilities within the	program:		
14. FOR ADD	ITIONAL FA	ACULTY ONLY:			
	ory requireme		*		's qualification meets the urses which will be taught
Ana <sup>1</sup>	tomy & Physic	ology	Pharmaco	logy	
☐ Nori	mal Growth &	Development	Psychology	Ÿ	
☐ Nutı	rition				
		-	_	·	PROGRAM DIRECTOR 8, Teaching Credential
to the curriculum conte	ent taught, or meet the		education credential ma	y teach curriculum conte	accalaureate degree in the field related ent as specified in the California Code